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## ABSTRACT

This paper lists practices recommended by the Division for Early Childhood for assessment in early intervention and early childhood special education (EI/ECSE) programs for infants and young children with special needs and their families. Introductory text examines the role of assessment, materials and procedures used, and assessment principles, including: assessment must clearly identify developmental or behavioral objectives for change; assessment should help to select and guide treatment activities; assessment should contribute to evaluating intervention or program efficacy; assessment should identify goals and objectives that are judged as worthwhile and important; assessment materials and methods themselves should be judged as acceptable; assessment decisions must be based on a wide base of information; assessment batteries should contain several types of scales and include observation and interviews; assessment should include data and reports from parents and other significant individuals; and assessment must be done on multiple occasions. Twenty-four recommended practices are then presented, in the categories of preassessment activities; procedures for determining eligibility, program placement, program planning, and monitoring; and assessment reports. (Contains 10 references.) (JDD)

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## Assessment

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Assessment is a tool to help us accomplish the missions of early intervention and education. When used properly, assessment can help to detect child needs and environmental circumstances that may create problems; to identify child strengths and weaknesses so that appropriate programs can be planned; to identify special family circumstances and needs that may assist in planning for progress; to keep track of changes in child behavior and accomplishments and family needs; and to estimate the effectiveness of teaching, therapy, and other efforts.

The purposes for assessment require different materials and procedures (Neisworth & Bagnato, 1988). Tools for detecting possible special needs (screening) are not the same as those used to provide the details needed for identifying appropriate instructional objectives (program planning). Likewise, special materials are available for monitoring progress and estimating the impact of intervention (program evaluation) (Bailey & Wolery, 1989). Family needs and resources can also be appraised, and again, this type of assessment demands unique materials and methods (Bailey & Simmeonsson, 1988). In order to carry out the various jobs of assessment, there are several practical and sensible ideas that form the foundation for recommended practices in assessment for early intervention.

Members of the working group for this strand were: Steve Bagnato, Samera Baird, Angela Capone, Kevin Cole, Mary Ann Demchak, Barbara Fink, Kathryn DeLaurin, Katherine McCormick, Karen Smith, Tammy Tiner, and Christine Weisenberger.

## Foundations for Assessment

### Assessment Must Be Useful For Early Intervention and Education

That assessment should be useful seems unnecessary to state, yet much traditional assessment is not useful for helping infants and young children. The materials and procedures used with infants and preschoolers must meet certain standards of treatment utility (Hayes, Nelson, & Jarrett, 1987).

#### Assessment must clearly identify developmental or behavioral objectives for change.

It is insufficient for the assessment merely to identify a condition (e.g., learning disability or mental retardation). Instead, specific developmental or behavioral aspects must be cited, such as problems with attention, fine motor coordination, attachment, or sensory limitations. In addition, the needs identified by the assessment must be ones that can be addressed. A "disturbed personality," "subnormal intelligence," or "minimal brain injury" are not helpful assessment results. In brief, to have treatment utility, an assessment must identify specific needs and characteristics that can be improved through instruction, therapy, or changes in the child's circumstances.

Assessment should help to select and guide treatment activities. Assessment should assist in selecting major helpful services, materials, or methods. Assessment may be good at identifying a problem, but if there is no available service, such assessment has little treatment utility and is not of any particular value.

Assessment should contribute to evaluating intervention or program efficacy. To meet this level of utility, assessment should be of value for monitoring change (i.e., for providing feedback on the potency of methods and materials). Professionals concerned with program

accountability should be aware that many conventional measures (e.g., IQ, personality) are not useful for evaluation (Neisworth, Bagnato, 1982). Such instruments may not be sensitive enough to detect change because they contain too few items or too wide of differences in scaled intervals (Bagnato, Neisworth, & Munson, 1989).

#### Assessment Must Be Judged as Valuable and Acceptable

As professionals, we recognize the importance of designing and tailoring our assessment practices to meet certain standards of social validity ( Neisworth & Fewell, 1990).

Assessment should identify goals and objectives that are judged as worthwhile and important. It is not good enough to identify instructional or therapeutic objectives that are of little consequence to the child's future. Tasks found on numerous traditional assessment devices are often not worthwhile as developmental or educational objectives (e.g., stacking blocks, putting pegs in holes, standing on one foot). Parents and teachers must agree that the targets identified through assessment are worthy to include in the child's IFSP or IEP (Bagnato et al., 1989). Similarly, our assessment of program effectiveness must examine dimensions or aspects of child change that are seen as worthwhile. So, too, the magnitude of assessed change must be perceived as significant. Assessment devices or analyses that produce global numbers or "statistically significant" changes may not be judged as socially or practically significant.

Assessment materials and methods themselves should be judged as acceptable. The concern here is whether the clients involved (parents, teachers, and perhaps children) agree to specific assessment devices and the approaches used. Requiring that the consumer accept

the assessment and see its importance goes a long way in producing the rapport and validity so necessary to accurate assessment. The use of socially approved assessment materials and procedures is consistent with family centered practices and is fundamental to early intervention which is, after all, a social enterprise (Bailey & Simmeonsson, 1988).

#### Assessment Decisions Must Be Based On A Wide Base Of Information

A single test, person, or occasion is not a sufficient source of information. This means that we must gather information from several sources, instruments, settings, and occasions to produce the most valid description of the child's status or progress. Additionally, assessment must examine multiple domains or aspects of child functioning, rather than a narrow focus on a deficit. Use of a convergent assessment model provides two strong advantages: (a) a richer and broader sampling of the child's development and behavior, thus increasing the validity of the description produced by the assessment, and (b) a composite view of the child derived from several professional perspectives. Comprehensive, convergent assessment involves meeting these standards described below (Bagnato & Neisworth, 1990).

Assessment batteries should contain several types of scales (e.g., norm-based, curriculum-based, judgment-based, and eco-based) and include observation and interviews in order to provide the most valid appraisal of the child's status, needs, and progress.

Assessment must not be focused on a single developmental dimension, but should be developmentally inclusive (e.g., encompass language, motor, social, and cognitive, as well as other aspects). This inclusiveness is critical since all aspects of development are interrelated, and a problem in one influences progress in the others.

Assessment should include data and reports from parents and other significant individuals who may be able to supplement or challenge other findings. No single perspective--whether that of the parent, psychologist, teacher, or other professional--can be defended as the most valid or useful description of a child's strengths, weaknesses, or potential for development (Gibb & Teti, 1990). Both parents and professionals can be considered as valid sources of information for assessment and clinical judgment, adding unique and valuable information about the child's abilities in a variety of functional areas. Assessment decisions are best made through collaborative efforts of professionals and parents. Team decision making provides a way to reach a more fully informed, richer perspective of family needs.

Assessment must be done on multiple occasions, especially with young children. Infants and preschoolers change rapidly, and often vary in their performances from week to week or even day by day. Efforts to appraise the child's development are better spaced over several occasions, and progress tracking must certainly be over multiple points in time to detect real and stable changes and trends (Bagnato & Neisworth, 1991).

In summary, assessment for early intervention is "recommended practice" when it meets standards of treatment utility, social validity, and comprehensiveness. Moreover, assessment procedures and decisions must be in collaboration with the families of the infants and children we serve.

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# **DEC Recommended Practices Assessment**

Assessment in early intervention refers to the systematic collection of information about children, families, and environments to assist in making decisions regarding identification, screening, eligibility, program planning, monitoring, and evaluation.

## **Preassessment Activities**

- A1. Professionals contact families and share information about the assessment process.
- A2. Professionals solicit and review existing information from families and agencies.
- A3. Professionals and families identify the questions and concerns that will drive the choice of assessment materials and procedures.
- A4. Professionals and families identify pertinent agencies, team members, and team approaches to be employed (e.g., inter-, multi-, transdisciplinary approach).
- A5. Professionals and families identify a mode of teaming that fits individual children's needs and families' desires to collaborate.

## **Procedures for Determining Eligibility, Program Placement, Program Planning and Monitoring**

- A6. Professionals gather information from multiple sources (e.g., families, other professionals, paraprofessionals, and previous service providers) and use multiple measures (e.g., norm-referenced, interviews, etc).
- A7. Professionals gather information on multiple occasions.
- A8. Team members discuss qualitative and quantitative information and negotiate consensus in a collaborative decision-making process.
- A9. Team members select assessment instruments and procedures that have been field-tested with children similar to those assessed for the purposes intended.
- A10. Assessment approaches and instruments are culturally appropriate and nonbiased.
- A11. Professionals employ individualized, developmentally compatible assessment procedures and materials that capitalize on children's interests, interactions, and communication styles.
- A12. Materials and procedures, or their adaptations, accommodate the child's sensory and response capacities.
- A13. Professionals assess strengths as well as problems across developmental or functional areas.



- A14. Measures and procedures facilitate education and treatment (i.e., intervention or curriculum objectives) rather than only diagnosis and classification.
- A15. Measures are sensitive to child and family change.
- A16. Professionals assess not only skill acquisition, but also fluency, generalization, and quality of progress.
- A17. Professionals maintain confidentiality and discretion when sharing information.
- A18. Curriculum-based assessment procedures are the foundation or "mutual language" for team assessment.

### **Assessment Reports**

- A19. Professionals report assessment results in a manner that is immediately useful for planning program goals and objectives.
- A20. Professionals report assessment results so that they are understandable to and useful for families.
- A21. Professionals report strengths as well as priorities for promoting optimal development.
- A22. Professionals report limitations of assessments (e.g., questions of rapport, cultural bias, and sensory/response requirements).
- A23. Reports contain findings and interpretations regarding the interrelatedness of developmental areas (e.g., how the child's limitations have affected development; how the child has learned to compensate).
- A24. Professionals organize reports by developmental/functional domains or concerns rather than by assessment device.